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| Fill in this information to identify your case: |                               |                                   |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|   | ☐ Chapter 7                   |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | Chapter 13                    | ☐ Check if this an amended filing |

# Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself   |  |   |
|-----|--|--|---|
|     |  | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):                     |
| 1.  | Your full name   |  |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | Betty First name  J. Middle name  Blottiaux Last name and Suffix (Sr., Jr., II, III) | First name  Middle name  Last name and Suffix (Sr., Jr., II, III) |
| 2.  | All other names you have used in the last 8 years Include your married or  |  |   |
|     | maiden names.  |  |   |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)  | xxx-xx-7447  |   |

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Debtor 1 Betty J. Blottiaux

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|--|---|--|
| 1. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs.  Business name(s)  EINs  | ☐ I have not used any business name or EINs.  Business name(s)  EINs   |
| 5. | Where you live   | 1320 Pioneer Road<br>apartment # 203  | If Debtor 2 lives at a different address:  |
|    |  | Crest Hill, IL 60403 Number, Street, City, State & ZIP Code   | Number, Street, City, State & ZIP Code   |
|    |  | ·   | Number, Street, City, State & ZIP Code   |
|    |  | Will County   | County   |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6. | Why you are choosing this district to file for   | Check one:  | Check one:   |
|    | bankruptcy   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|    |  | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)   | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |
|    |  |   |  |

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Debtor 1 Betty J. Blottiaux

Case number (if known)

| Par | Tell the Court About   | Your Ban  | kruptcy Ca                     | se  |                          |  |   |  |
|-----|--|---|--------------------------------|---|--------------------------|--|---|--|
| 7.  | The chapter of the Bankruptcy Code you are   | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |                                |   |                          |  |   |  |
|     | choosing to file under   | ☐ Chap  | oter 7                         |   |                          |  |   |  |
|     |  | ☐ Chap  | oter 11                        |   |                          |  |   |  |
|     |  | ☐ Chap  | oter 12                        |   |                          |  |   |  |
|     |  | ■ Chap  | oter 13                        |   |                          |  |   |  |
| 8.  | How you will pay the fee   | ab<br>or  | out how yo                     | entire fee when I file my p<br>ou may pay. Typically, if you a<br>attorney is submitting your p<br>address. | are paying               | the fee yourself,                            | you may pay with cash                       | n, cashier's check, or money                                     |
|     |  |   |                                | the fee in installments. If   |                          | e this option, sign                          | and attach the Applica                      | ation for Individuals to Pay                                     |
|     |  |   | •                              | e in Installments (Official For<br>It my fee be waived (You ma  | ,                        | this option only if                          | you are filing for Char                     | oter 7. By law, a judge may                                      |
|     |  | bı<br>ap  | ut is not requipolities to you | urred to, waive your fee, and<br>ur family size and you are un<br>on to Have the Chapter 7 Filin            | may do so<br>able to pay | o only if your incor<br>y the fee in install | me is less than 150% oments). If you choose | of the official poverty line that this option, you must fill out |
| 9.  | Have you filed for bankruptcy within the last 8 years?   | □ No. ■ Yes.  |                                |   |                          |  |   |  |
|     | iast o years:  | Tes.  |                                | Northern District of  |                          |  |   |  |
|     |  |   | District                       | Illinois  | When                     | 4/07/10                                      | Case number                                 | 10-15313   |
|     |  |   | District                       |   | When                     |  | Case number                                 |  |
|     |  |   | District                       |   | When                     |  | Case number                                 |  |
| 10. | Are any bankruptcy   | ■ No  |                                |   |                          |  |   |  |
|     | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes.  |                                |   |                          |  |   |  |
|     |  |   | Debtor                         |   |                          |  | Relationship to y                           | ou ou  |
|     |  |   | District                       |   | When                     |  | Case number, if                             | known  |
|     |  |   | Debtor                         |   |                          |  | Relationship to y                           | ou   |
|     |  |   | District                       |   | When                     |  | Case number, if                             | known  |
| 11. | Do you rent your   | ■ No.   | Go to li                       | ine 12.   |                          |  |   |  |
|     | residence?   | ☐ Yes.  | Has yo                         | ur landlord obtained an evict   | ion judgm                | ent against you a                            | nd do you want to stay                      | in your residence?   |
|     |  |   |                                | No. Go to line 12.  | -                        | •  | ·   |  |
|     |  |   |                                | Yes. Fill out <i>Initial Statemer</i> bankruptcy petition.  | nt About ar              | n Eviction Judgme                            | ent Against You (Form                       | 101A) and file it with this                                      |

Debtor 1 Betty J. Blottiaux

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Case number (if known)

| Part | Report About Any Bu   | sinesses  | You Own          | as a Sole Proprietor  |  |  |  |
|------|---|---|------------------|---|--|--|--|
| 12.  | Are you a sole proprietor of any full- or part-time business?   | ■ No.   | Go to            | Part 4.   |  |  |  |
|      |   | ☐ Yes.  | Name             | and location of business                                      |  |  |  |
|      | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |   | Name             | Name of business, if any                                      |  |  |  |
|      | If you have more than one sole proprietorship, use a separate sheet and attach  |   | Numb             | Number, Street, City, State & ZIP Code                        |  |  |  |
|      | it to this petition.  |   | Check            | the appropriate box to de-                                    | scribe your business:  |  |  |
|      |   |   |                  | Health Care Business (as                                      | s defined in 11 U.S.C. § 101(27A))   |  |  |
|      |   |   |                  | Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) |  |  |  |
|      |   |   |                  | ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))            |  |  |  |
|      |   |   |                  | Commodity Broker (as de                                       | efined in 11 U.S.C. § 101(6))  |  |  |
|      |   |   |                  | None of the above   |  |  |  |
| 13.  | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | he deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, si<br>de and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the |                  |   | business debtor, you must attach your most recent balance sheet, statement of    |  |  |
|      | For a definition of small   | ■ No.   | I am r           | ot filing under Chapter 11.                                   |  |  |  |
|      | business debtor, see 11 U.S.C. § 101(51D).  | □ No.   | I am fi<br>Code. | ing under Chapter 11, but                                     | I am NOT a small business debtor according to the definition in the Bankruptcy   |  |  |
|      |   | ☐ Yes.  | I am f           | ing under Chapter 11 and                                      | I am a small business debtor according to the definition in the Bankruptcy Code. |  |  |
| Part | 4: Report if You Own or   | Have Anv  | Hazardo          | us Property or Any Prop                                       | erty That Needs Immediate Attention  |  |  |
|      | Do you own or have any  |   |                  |   |  |  |  |
| 17.  | property that poses or is alleged to pose a threat of imminent and  | ■ No. □ Yes.  | What is          | ne hazard?  |  |  |  |
|      | identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?  |   |                  | ate attention is<br>why is it needed?                         |  |  |  |
|      | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |   | Where is         | the property?   | er, Street, City, State & Zip Code   |  |  |
|      |   |   |                  |   |  |  |  |

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Debtor 1 Betty J. Blottiaux

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### 15. Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

#### Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb  | otor 1 Betty J. Blottiau   | ix   | Document                             | Page 6 of 51   | er (if known)  |  |
|--|--|--|--------------------------------------|--|--|--|
| Par  |  |  | orting Durnosos                      |  |  |  |
| Par  |  |  |                                      | and debte 2  |  |  |
| 16.  | What kind of debts do you have?  |  | dividual primarily for a personal, f |  | ned in 11 U.S.C. § 101(8) as "incurred by an   |  |
|  |  |  | No. Go to line 16b.                  |  |  |  |
|  |  |  | Yes. Go to line 17.                  |  |  |  |
|  |  |  |                                      | ss debts? Business debts are debts at or through the operation of the bus    |  |  |
|  |  | _  | No. Go to line 16c.                  | · ·  |  |  |
|  |  |  | Yes. Go to line 17.                  |  |  |  |
|  |  | 16c. St                                    | ate the type of debts you owe that   | at are not consumer debts or busines   | ss debts   |  |
| 17.  | Are you filing under Chapter 7?  | ■ No. la                                   | um not filing under Chapter 7. Go    | to line 18.  |  |  |
| Do you estimate that after any exempt property is excluded and |  | ar   |                                      | estimate that after any exempt properto distribute to unsecured creditors?   | erty is excluded and administrative expense:   |  |
|  | administrative expenses are paid that funds will be available for distribution to unsecured creditors? |  | No                                   |  |  |  |
|  |  |  | Yes                                  |  |  |  |
| 18.  | How many Creditors do you estimate that you owe?   | <b>1</b> -49                               |                                      | □ 1,000-5,000  | <b>1</b> 25,001-50,000   |  |
|  |  | □ 50-99                                    |                                      | ☐ 5001-10,000  | 50,001-100,000   |  |
|  |  | □ 100-199<br>□ 200-999                     |                                      | 10,001-25,000  | ☐ More than100,000   |  |
| 19.  | How much do you  | <b>\$</b> 0 - \$50,                        | 000                                  | □ \$1,000,001 - \$10 million   | □ \$500,000,001 - \$1 billion  |  |
|  | estimate your assets to be worth?  | □ \$50,001                                 |                                      | □ \$10,000,001 - \$50 million  | □ \$1,000,000,001 - \$10 billion   |  |
|  |  | □ \$100,001<br>□ \$500,001                 |                                      | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million               | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion                             |  |
|  |  | <b>L</b> \$500,001                         | - \$1 million                        | — \$100,000,001 \$000 Hillion  | — More than 400 billion  |  |
| 20.  | How much do you estimate your liabilities  | <b>\$0 - \$50</b> ,                        |                                      | □ \$1,000,001 - \$10 million   | □ \$500,000,001 - \$1 billion  |  |
|  | to be?   | \$50,001                                   |                                      | ☐ \$10,000,001 - \$50 million<br>☐ \$50,000,001 - \$100 million              | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion                     |  |
|  |  | □ \$100,001<br>□ \$500.001                 | ' '                                  | □ \$100,000,001 - \$500 million □ More than \$50 billion                     |  |  |
| Par  | t 7: Sign Below  |  | •                                    |  |  |  |
|  | you  | I have evam                                | ined this petition, and I declare u  | nder penalty of perjury that the inforr                                      | nation provided is true and correct  |  |
| 101  | you  |  | •                                    | , , , , ,  | ·  |  |
|  |  |  |                                      | aware that I may proceed, if eligible, vailable under each chapter, and I ch | under Chapter 7, 11,12, or 13 of title 11, noose to proceed under Chapter 7.           |  |
|  |  |  |                                      | or agree to pay someone who is not<br>be required by 11 U.S.C. § 342(b).     | t an attorney to help me fill out this   |  |
|  |  | I request rel                              | ef in accordance with the chapte     | r of title 11, United States Code, spe                                       | cified in this petition.   |  |
|  |  | bankruptcy of and 3571.                    | case can result in fines up to \$25  |  | or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519 |  |
|  |  | /s/ Betty J<br>Betty J. Bl<br>Signature of | ottiaux                              | Signature of Debto   | r 2  |  |
|  |  | Executed or                                | February 24, 2016                    | Executed on  |  |  |
|  |  |  | MM / DD / YYYY                       | MM   | / DD / YYYY  |  |

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Debtor 1 Betty J. Blottiaux

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Marc C. S                                 | Scheinbaum          | Date          | February 24, 2016  |  |
|---|---------------------|---------------|--------------------|--|
| Signature of A                                | ttorney for Debtor  |               | MM / DD / YYYY     |  |
| Marc C. Sch                                   | einbaum             |               |                    |  |
| Scheinbaum<br>Firm name                       | n & West, LLC       |               |                    |  |
| P. O. Box 5009<br>Vernon Hills, IL 60061-5009 |                     |               |                    |  |
| Number, Street, Cit                           | y, State & ZIP Code |               |                    |  |
| Contact phone                                 | 815-636-4676        | Email address | amerlincat@aol.com |  |
| 6180394                                       |                     |               |                    |  |
| Bar number & State                            | 9                   |               |                    |  |

|                    |                          | Docume            | ent Page 8 of 51 |      |
|--------------------|--------------------------|-------------------|------------------|------|
| Fill in this infor | mation to identify your  | case:             |                  |      |
| Debtor 1           | Betty J. Blottiaux       |                   |                  |      |
|                    | First Name               | Middle Name       | Last Name        |      |
| Debtor 2           |                          |                   |                  |      |
| Spouse if, filing) | First Name               | Middle Name       | Last Name        |      |
| Jnited States Ba   | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |      |
| Case number        |                          |                   |                  |      |
| if known)          |                          |                   |                  | □ CI |
|                    |                          |                   |                  | ar   |

Check if this is an amended filing

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| - ai | t 1: Summarize Your Assets   |              |                         |
|------|--|--------------|-------------------------|
|      |  | Your as      | ssets<br>f what you own |
| 1.   | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B   | \$           | 0.00                    |
|      | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$           | 9,000.00                |
|      | 1c. Copy line 63, Total of all property on Schedule A/B  | \$           | 9,000.00                |
| Par  | t 2: Summarize Your Liabilities  |              |                         |
|      |  |              | abilities<br>you owe    |
| 2.   | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$           | 0.00                    |
| 3.   | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$           | 0.00                    |
|      | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$           | 28,305.00               |
|      | Your total liabilities   | \$           | 28,305.00               |
| Par  | t 3: Summarize Your Income and Expenses  |              |                         |
| 4.   | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$           | 4,412.00                |
| 5.   | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$           | 4,262.00                |
| Par  | t 4: Answer These Questions for Administrative and Statistical Records   |              |                         |
| 6.   | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ur other sch | edules.                 |
| 7.   | ■ Yes What kind of debt do you have?   |              |                         |
|      | Vous debte are primarily concurred debte. Concurred debte are those "incurred by an individual primarily for   | - noroon-l   | fomily or               |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14. | \$ | 6,883.00 |
|----|--|----|----------|
|    |  |    |          |

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:   | Total claim |      |
|--|-------------|------|
| Trom rait 4 on ocheane Er, copy the following.   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

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|-------------------------------|---|-------------------------------------|---|---|-------------------------------------|-------------|--|
| Fill in this                  | information to identify yo                                    | our case and                        |   | 1 7000 107 (71 . 71   |                                     |             |  |
| Debtor 1                      | Betty J. Blottia  | aux                                 |   |   |                                     |             |  |
| Dahtar 0                      | First Name  |                                     | dle Name                                    | Last Name   |                                     |             |  |
| Debtor 2<br>(Spouse, if filin | ng) First Name  | Mide                                | dle Name                                    | Last Name   |                                     |             |  |
| United Stat                   | tes Bankruptcy Court for the                                  | e: NORTHE                           | RN DISTRICT OF ILLI                         | NOIS  |                                     |             |  |
| Case numb                     | ber   |                                     |   | -   |                                     |             | Check if this is an amended filing   |
| Sched                         | pest. Be as complete and acc<br>If more space is needed, atta | cribe items. Lis<br>curate as possi | ble. If two married people                  | an asset fits in more than one o<br>e are filing together, both are e<br>e top of any additional pages, | qually responsible                  | for supp    | lying correct  |
| Part 1: Des                   | scribe Each Residence, Build                                  | ding, Land, or 0                    | Other Real Estate You Ow                    | vn or Have an Interest In   |                                     |             |  |
| 1.1                           | Where is the property?  |                                     | What is the property                        | <b>√?</b> Check all that apply  |                                     |             |  |
| NONI<br>Street a              | Eaddress, if available, or other descrip                      | ition                               | Single-family h  Duplex or mul  Condominium |   | the amount of any                   | secured cl  | s or exemptions. Put<br>aims on <i>Schedule D:</i><br>Secured by Property. |
|                               |   |                                     | ☐ Manufactured ☐ Land                       | or mobile home  | Current value of t entire property? |             | Current value of the oortion you own?                                      |
| City                          | State   | ZIP Code                            | ☐ Investment pro☐ Timeshare                 | operty  | \$0                                 | 0.00        | \$0.00   |
|                               |   |                                     | ☐ Other                                     | in the property? Check one  |                                     | ole, tenano | ownership interest<br>by by the entireties, or                             |
| County                        |   |                                     | Debtor 1 and I                              | f the debtors and another   | (see instructions                   |             | inity property   |
|                               |   |                                     | Other information you                       | ou wish to add about this item<br>on number:  | , such as local                     |             |  |
|                               |   |                                     |   | rom Part 1, including any e   |                                     |             | \$0.00   |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

| Debt          | or 1 <b>B</b>                            | etty J. Blo   | ttiaux                                     | Docume                          | ent Page 11                | L OT 51<br>Case n    | umber (if known) |        |  |
|---------------|--|---|--|---------------------------------|----------------------------|----------------------|------------------|--------|--|
| 3. <b>C</b> a | ırs, vans,                               | trucks, trac  | tors, sport utility v                      | ehicles, motorcycl              | les                        |                      |                  |        |  |
|               | No                                       |   |  |                                 |                            |                      |                  |        |  |
|               | Yes                                      |   |  |                                 |                            |                      |                  |        |  |
|               |  |   |  |                                 |                            |                      |                  |        |  |
| 3.1           | Make:                                    | Saturn  |  | Who has an inte                 | rest in the property? Ch   | heck one             |                  |        | aims or exemptions. Put d claims on Schedule D:  |
|               | Model:                                   | lon   |  | Debtor 1 only                   |                            |                      |                  |        | ns Secured by Property.  |
|               | Year:                                    | 2007  |  | Debtor 2 only                   |                            |                      | Current value of | the    | Current value of the   |
|               |  | nate mileage:   |  | ☐ Debtor 1 and I                | •                          |                      | entire property? |        | portion you own?   |
|               |  | ormation:<br>joint with                                     | daughter                                   | ☐ At least one of               | f the debtors and anothe   | er                   |                  |        |  |
|               | Ownea                                    | joint with  | daugillei                                  | Check if this (see instructions | is community property      | ,                    | \$2,500          | 0.00   | \$2,500.00   |
| .pa           | ages you  3: Descri                      | have attach   | ed for Part 2. Write                       | e that number here              | entries from Part 2, ir    |                      |                  | þ      | \$2,500.00  Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| <i>E.</i>     |  |   | nces, furniture, linen                     | s, china, kitchenwar            | re<br>ure, kicthen set, ki | itchen appliar       | nces,            |        |  |
|               |  |   | 2 t.v.s, compu                             | ter                             |                            |                      |                  | -      | \$1,100.00   |
| 8. <b>C</b> d | No<br>Yes. De<br>bllectibles<br>xamples: | Televisions a including cel scribe  s of value Antiques and | I phones, cameras,  I figurines; paintings | media players, gam              | es                         |                      |                  |        | ons; electronic devices  |
|               |  | other collecti  | ons, memorabilia, c                        |                                 | . ,                        | •                    | • ·              |        | ŕ  |
| E             | xamples:                                 | musical instr   | ographic, exercise, a                      | and other hobby equ             | uipment; bicycles, poo     | ol tables, golf clul | bs, skis; canoes | and ka | yaks; carpentry tools;   |
| 10. <b>F</b>  | irearms                                  | : Pistols, rifle  | s, shotguns, ammui                         | nition, and related ed          | quipment                   |                      |                  |        |  |

| Debtor 1  | Betty J. Blottiau  | Documen   | T Page 12 of 51 Case number (if known)  | )  |
|---|--|---|---|--|
| 44 Clatha   |  | <del></del>   |   | ·  |
| 11. Clothe  |  | s, furs, leather coats, designer wear, s  | shoes, accessories  |  |
| □ No  | = ve., ua, e.ee.   | 5, ra.e, realizer coale, accignor mean, c   |   |  |
| Yes.  | Describe   |   |   |  |
|   |  |   |   |  |
|   | we   | omen's and children's clothing  |   | \$600.00   |
|   |  |   |   |  |
| 12. Jewelr  | y  |   |   |  |
| Exam  | oles: Everyday jewelry   | , costume jewelry, engagement rings   | , wedding rings, heirloom jewelry, watches, gems,   | gold, silver   |
| ☐ No  |  |   |   |  |
| Yes.  | Describe   |   |   |  |
|   | <u> </u>   |   |   | ¢450.00  |
|   | <u> </u>   | isc costume jewelry   |   | \$150.00   |
|   |  |   |   |  |
|   | rm animals   |   |   |  |
| `   | oles: Dogs, cats, birds  | s, horses   |   |  |
| ■ No  |  |   |   |  |
| ☐ Yes.  | Describe   |   |   |  |
| 14. Any of  | her personal and ho  | ousehold items you did not already  | list, including any health aids you did not list  |  |
| ■ No  | porocinar arra ric   |   | ,   |  |
|   | Give specific informa  | ation   |   |  |
|   |  |   |   |  |
| 45 4 1 1  |  |   |   |  |
|   |  | ber here  | ing any entries for pages you have attached   | \$1,850.00   |
| .0  | are or remo that ham   | 20. 11010   |   |  |
|   |  |   |   |  |
|   | scribe Your Financial A  |   |   |  |
|   |  |   |   |  |
| Do you ov   | vn or have any legal   | or equitable interest in any of the f   | ollowing?   | Current value of the   |
| Do you ov   | vn or nave any legal   | or equitable interest in any of the f   | ollowing?   | Current value of the portion you own?  Do not deduct secured   |
| Do you ov   | vn or have any legal   | or equitable interest in any of the f   | ollowing?   | portion you own?   |
| ·   | vn or nave any legal   | or equitable interest in any of the f   | ollowing?   | <pre>portion you own? Do not deduct secured</pre>  |
| 16. <b>Cash</b>   | , ·  |   | e deposit box, and on hand when you file your peti  | portion you own? Do not deduct secured claims or exemptions.   |
| 16. <b>Cash</b>   | , ·  |   |   | portion you own? Do not deduct secured claims or exemptions.   |
| 16. <b>Cash</b> <i>Exam</i> <sub>l</sub> □ No   | oles: Money you have   |   | e deposit box, and on hand when you file your peti  | portion you own? Do not deduct secured claims or exemptions.   |
| 16. <b>Cash</b> <i>Exam</i> <sub>l</sub> □ No   | oles: Money you have   | in your wallet, in your home, in a safe   | e deposit box, and on hand when you file your peti  | portion you own? Do not deduct secured claims or exemptions.   |
| 16. <b>Cash</b> <i>Exam</i> <sub>l</sub> □ No   | oles: Money you have   | in your wallet, in your home, in a safe   | e deposit box, and on hand when you file your peti  | portion you own? Do not deduct secured claims or exemptions.   |
| 16. <b>Cash</b> <i>Exam</i> <sub>l</sub> □ No   | oles: Money you have   | in your wallet, in your home, in a safe   | e deposit box, and on hand when you file your peti  | portion you own? Do not deduct secured claims or exemptions.   |
| 16. <b>Cash</b> Examp □ No ■ Yes.   | oles: Money you have   | in your wallet, in your home, in a safe   | e deposit box, and on hand when you file your peti<br>  | portion you own? Do not deduct secured claims or exemptions.  tion  \$100.00                                     |
| 16. <b>Cash</b> Examp □ No ■ Yes.   | oles: Money you have   | in your wallet, in your home, in a safe   | e deposit box, and on hand when you file your peti  Cash  ates of deposit; shares in credit unions, brokerage   | portion you own? Do not deduct secured claims or exemptions.  tion  \$100.00                                     |
| 16. <b>Cash</b> Examp  □ No ■ Yes.  17. <b>Depos</b> Examp  | oles: Money you have   | in your wallet, in your home, in a safe   | e deposit box, and on hand when you file your peti  Cash  ates of deposit; shares in credit unions, brokerage   | portion you own? Do not deduct secured claims or exemptions.  tion  \$100.00                                     |
| 16. <b>Cash</b> Examp □ No ■ Yes.  17. <b>Depos</b> Examp □ No  | oles: Money you have<br>its of money<br>oles: Checking, saving<br>institutions. If yo  | gs, or other financial accounts; certific u have multiple accounts with the san   | e deposit box, and on hand when you file your peti  Cash  ates of deposit; shares in credit unions, brokerage   | portion you own? Do not deduct secured claims or exemptions.  tion  \$100.00                                     |
| 16. <b>Cash</b> Examp □ No ■ Yes.  17. <b>Depos</b> Examp □ No  | oles: Money you have   | gs, or other financial accounts; certific u have multiple accounts with the san   | e deposit box, and on hand when you file your peti  Cash  ates of deposit; shares in credit unions, brokerage ne institution, list each.  | portion you own? Do not deduct secured claims or exemptions.  tion  \$100.00                                     |
| 16. <b>Cash</b> Examp □ No ■ Yes.  17. <b>Depos</b> Examp □ No  | its of money institutions. If yo   | e in your wallet, in your home, in a safe<br>gs, or other financial accounts; certific<br>to have multiple accounts with the san  | e deposit box, and on hand when you file your peti  Cash  ates of deposit; shares in credit unions, brokerage ne institution, list each.  | portion you own? Do not deduct secured claims or exemptions.  tion \$100.00                                      |
| 16. <b>Cash</b> Examp □ No ■ Yes.  17. <b>Depos</b> Examp □ No  | its of money institutions. If yo   | e in your wallet, in your home, in a safe<br>gs, or other financial accounts; certific<br>to have multiple accounts with the san  | e deposit box, and on hand when you file your peti  Cash  ates of deposit; shares in credit unions, brokerage ne institution, list each.  | portion you own? Do not deduct secured claims or exemptions.  tion  \$100.00                                     |
| 16. <b>Cash</b> Examp □ No ■ Yes.  17. <b>Depos</b> Examp □ No  | its of money institutions. If yo   | e in your wallet, in your home, in a safe<br>gs, or other financial accounts; certific<br>to have multiple accounts with the san  | e deposit box, and on hand when you file your peti  Cash  ates of deposit; shares in credit unions, brokerage ne institution, list each.  | portion you own? Do not deduct secured claims or exemptions.  tion \$100.00                                      |
| 16. Cash Examp □ No ■ Yes.  17. Depos Examp □ No ■ Yes.   | its of money oles: Checking, saving institutions. If yo  | gs, or other financial accounts; certific u have multiple accounts with the san Institu   | e deposit box, and on hand when you file your peti  Cash  ates of deposit; shares in credit unions, brokerage ne institution, list each.  Ition name:  Ings account - First Community Financial | portion you own? Do not deduct secured claims or exemptions.  tion \$100.00                                      |
| 16. Cash  Examp  No  Yes.  17. Depos  Examp  No  Yes.  18. Bonds  Examp   | its of money oles: Checking, saving institutions. If yo  | gs, or other financial accounts; certific u have multiple accounts with the san Institu   | e deposit box, and on hand when you file your peti  Cash  ates of deposit; shares in credit unions, brokerage ne institution, list each.  Ition name:  Ings account - First Community Financial | portion you own? Do not deduct secured claims or exemptions.  tion \$100.00                                      |
| 16. Cash  Examp  □ No ■ Yes.  17. Depos  Examp □ No ■ Yes.  18. Bonds  Examp ■ No   | its of money oles: Checking, saving institutions. If you   | gs, or other financial accounts; certific u have multiple accounts with the san Institution.  7.1.  saving street accounts with the san accounts with the | e deposit box, and on hand when you file your peti  Cash  ates of deposit; shares in credit unions, brokerage ne institution, list each.  Ition name:  Ings account - First Community Financial | portion you own? Do not deduct secured claims or exemptions.  tion \$100.00                                      |
| 16. Cash  Examp  □ No ■ Yes.  17. Depos  Examp □ No ■ Yes.  18. Bonds  Examp ■ No   | its of money oles: Checking, saving institutions. If yo  | gs, or other financial accounts; certific u have multiple accounts with the san Institu   | e deposit box, and on hand when you file your peti  Cash  ates of deposit; shares in credit unions, brokerage ne institution, list each.  Ition name:  Ings account - First Community Financial | portion you own? Do not deduct secured claims or exemptions.  tion \$100.00                                      |
| 16. Cash  Examp  No  Yes.  17. Depos  Examp  No  Yes.  18. Bonds  Examp  No  Yes.   | its of money oles: Checking, saving institutions. If you   | gs, or other financial accounts; certific u have multiple accounts with the san Institution.  7.1.  savir  ublicly traded stocks estment accounts with brokerage firms Institution or issuer name:  | e deposit box, and on hand when you file your peti  | portion you own? Do not deduct secured claims or exemptions.  tion \$100.00  houses, and other similar  \$100.00 |
| 16. <b>Cash</b> Exam <sub>i</sub> □ No ■ Yes.  17. <b>Depos</b> Exam <sub>i</sub> □ No ■ Yes.  18. <b>Bonds</b> Exam <sub>i</sub> ■ No □ Yes.  19. <b>Non-p</b> | its of money oles: Checking, saving institutions. If you   | gs, or other financial accounts; certific u have multiple accounts with the san Institution.  7.1.  savir  ublicly traded stocks estment accounts with brokerage firms Institution or issuer name:  | e deposit box, and on hand when you file your peti  Cash  ates of deposit; shares in credit unions, brokerage ne institution, list each.  Ition name:  Ings account - First Community Financial | portion you own? Do not deduct secured claims or exemptions.  tion \$100.00  houses, and other similar  \$100.00 |
| 16. <b>Cash</b> Exam <sub>i</sub> □ No ■ Yes.  17. <b>Depos</b> Exam <sub>i</sub> □ No ■ Yes.  18. <b>Bonds</b> Exam <sub>i</sub> ■ No □ Yes.  19. <b>Non-p</b> | its of money oles: Checking, saving institutions. If you   | gs, or other financial accounts; certific u have multiple accounts with the san Institution.  7.1.  savir  ublicly traded stocks estment accounts with brokerage firms Institution or issuer name:  | e deposit box, and on hand when you file your peti  | portion you own? Do not deduct secured claims or exemptions.  tion \$100.00  houses, and other similar  \$100.00 |
| 16. Cash  Examp  No  Yes.  17. Depos  Examp  No  Yes.  18. Bonds  Examp  No  Yes.  19. Non-pr  joint v  No  | its of money its of money its of money institutions. If you institutions. If you institutions, or profes: Bond funds, invented | gs, or other financial accounts; certific u have multiple accounts with the san Institution.  7.1.  savir  ublicly traded stocks estment accounts with brokerage firms Institution or issuer name:  | e deposit box, and on hand when you file your peti  | portion you own? Do not deduct secured claims or exemptions.  tion \$100.00  houses, and other similar  \$100.00 |

| Del                         | btor 1  | Betty J. Bl   | ottiaux  | Docu  | ıment F   | Page 13 of 51  | Case number (if known)                            |   |
|-----------------------------|---|---|--|---|---|--|---|---|
| _                           | Negoti  | iable instrumer   | nts include person   | al checks, cashiers   | ' checks, promis  | otiable instruments<br>ssory notes, and mor<br>signing or delivering | ney orders.                                       |   |
| _                           |   | Give specific i   | nformation about t<br>Issuer nar   |   |   |  |   |   |
| _                           |   | ment or pension<br>bles: Interests i                        |  | ogh, 401(k), 403(b)   | ), thrift savings a   | accounts, or other pe  | ension or profit-sharing pla                      | ans   |
| I                           | Yes.  | List each acco  | ount separately.<br>Type of acco   | ount:   | Institution nar   | ne:  |   |   |
|                             |   |   |  |   |   | ently receives re<br>of Illinois). see so                            |   | \$0.00  |
|                             | Your s  | hare of all unu   |  |   |   | ue service or use fro<br>ic, gas, water), telecc                     | m a company<br>ommunications companie             | s, or others  |
|                             |   |   |  |   | Institution nar   | ne or individual:  |   |   |
|                             |   |   |  |   | security de   | posit  |   | \$1,200.00  |
| 25.<br>I<br>25.<br>I<br>26. | 26 U.S.0 ■ No □ Yes  Trusts, ■ No □ Yes.  Patents | C. §§ 530(b)(1  equitable or  Give specific is, copyrights, | ), 529A(b), and 52 Institution name a future interests i information about trademarks, trademarks, trademarks, trademarks, | 19(b)(1).  Ind description. Sep  In property (other them  Ile secrets, and other them | parately file the than anything the than anything the than anything the than the the than the things the than the the the than the the than the the than the than the the than the the than the | records of any intere  | ests.11 U.S.C. § 521(c): I rights or powers exerc |   |
|                             |   | Give specific   | information about  | them  |   |  |   |   |
| ı                           | Examp<br>■ No                                     | oles: Building p  | s, and other general sermits, exclusive information about  | licenses, cooperativ  | ve association h  | noldings, liquor licens  | ses, professional licenses                        |   |
| Мо                          | ney or  | property owe  | d to you?  |   |   |  |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| [                           | □No   | funds owed to   |  | hem, including whe  | ether you alread  | y filed the returns an   | nd the tax years                                  |   |
|                             |   |   |  | anticipated 20  | 015 IRS refun   | ıd   |   | \$1,000.00  |

|     |                        | Case 1  | 6-06023                         | Doc 1                     | Filed 02/24/16<br>Document                           | Page 14 of 51   | Desc Main                  |
|-----|------------------------|---|---------------------------------|---------------------------|--|---|----------------------------|
| De  | ebtor 1                | Betty J. B                                      | lottiaux                        |                           |  | Case number (if known)  |                            |
| 29. | Exam<br>■ No           | y support  ples: Past due  Give specific        | ·                               | 37 1                      | usal support, child suppo                            | ort, maintenance, divorce settlement, propert                     | / settlement               |
| 30. | Exam <sub>i</sub> ■ No |   | vages, disabili<br>unpaid loans | ty insurance              | payments, disability ben<br>someone else             | efits, sick pay, vacation pay, workers' compe                     | ensation, Social Security  |
| 31. |                        | sts in insuran                                  |                                 | e insurance; h            | nealth savings account (                             | HSA); credit, homeowner's, or renter's insura                     | nce                        |
|     | ■ No<br>□ Yes.         | . Name the ins                                  |                                 | any of each popany name:  | olicy and list its value.                            | Beneficiary:  | Surrender or refund value: |
| 32. | If you somed           |   | ciary of a livin                |                           | someone who has die<br>t proceeds from a life in     | ed surance policy, or are currently entitled to rec               | eive property because      |
| 33. | Exam <sub>i</sub> ■ No |   | s, employmen                    |                           | you have filed a lawsui<br>surance claims, or rights | it or made a demand for payment<br>s to sue                       |                            |
|     | ■ No<br>□ Yes.         | Describe eac                                    | ch claim                        |                           | every nature, includin                               | g counterclaims of the debtor and rights t                        | o set off claims           |
| 35. | ☐ No                   | nancial asset                                   | -                               | aiready list              |  |   |                            |
|     | ■ Yes.                 | . Give specific                                 | iniomation                      |                           |  |   |                            |
|     |                        |   |                                 | Leslie,                   |  | Beach, FL. Debtor's sister, Judy terest to the Debtor 1 week ago. | \$2,250.00                 |
| 36  |                        |   |                                 |                           | om Part 4, including a                               | ny entries for pages you have attached                            | \$4,650.00                 |
|     |                        |   |                                 |                           |  | In. List any real estate in Part 1.                               |                            |
|     | _ ′                    | own or have ar<br>o to Part 6.                  | ny legal or equi                | itable interest           | in any business-related p                            | roperty?  |                            |
|     | _                      | Go to line 38.                                  |                                 |                           |  |   |                            |
|     | □ 1es. (               | Go to line so.                                  |                                 |                           |  |   |                            |
| Pa  |                        | escribe Any Far<br>you own or have              |                                 |                           | Related Property You Ow<br>n Part 1.                 | n or Have an Interest In.   |                            |
| 46. | ■ No.                  | u own or have . Go to Part 7. s. Go to line 47. | , ,                             | <sup>·</sup> equitable in | nterest in any farm- or o                            | commercial fishing-related property?                              |                            |
| Pa  | nrt 7:                 | Describe All                                    | Property You                    | Own or Have a             | an Interest in That You Dic                          | l Not List Above  |                            |

Entered 02/24/16 08:34:14 Case 16-06023 Filed 02/24/16 Desc Main Doc 1 Page 15 of 51
Case number (if known)

Document Debtor 1 Betty J. Blottiaux

| 53. I | Do you have other property of any kind you did not already<br>Examples: Season tickets, country club membership | y list?     |            |        |
|-------|---|-------------|------------|--------|
|       | No  |             |            |        |
|       | Yes. Give specific information  |             |            |        |
| 54.   | Add the dollar value of all of your entries from Part 7. Wr   | ite that nu | ımber here | \$0.00 |
| Part  | 8: List the Totals of Each Part of this Form  |             |            |        |
| 55.   | Part 1: Total real estate, line 2   |             |            | \$0.00 |
| 56.   | Part 2: Total vehicles, line 5  |             | \$2,500.00 |        |
| 57.   | Part 3: Total personal and household items, line 15   |             | \$1,850.00 |        |
| 58.   | Part 4: Total financial assets, line 36   |             | \$4,650.00 |        |
| 59.   | Part 5: Total business-related property, line 45  |             | \$0.00     |        |
| 60.   | Part 6: Total farm- and fishing-related property, line 52   |             | \$0.00     |        |
| 61.   | Part 7: Total other property not listed, line 54  | +           | \$0.00     |        |

\$9,000.00

Copy personal property total

63. Total of all property on Schedule A/B. Add line 55 + line 62

62. **Total personal property.** Add lines 56 through 61...

\$9,000.00

\$9,000.00

|                     |                          | 1700.000          |             |         |
|---------------------|--------------------------|-------------------|-------------|---------|
| Fill in this infor  | mation to identify your  | case:             |             |         |
| Debtor 1            | Betty J. Blottiaux       |                   |             |         |
|                     | First Name               | Middle Name       | Last Name   |         |
| Debtor 2            |                          |                   |             |         |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |         |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |         |
| Case number         |                          |                   |             |         |
| (if known)          |                          |                   |             | ☐ Check |
|                     |                          |                   |             | amende  |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Current value of the portion you own | · · · · · · · · · · · · · · · · · · ·                          |   | Specific laws that allow exemption  |  |
|--------------------------------------|--|---|---|--|
| Copy the value from<br>Schedule A/B  | Che  | ck only one box for each exemption.   |   |  |
| \$2,500.00                           |  | \$2,400.00  | 735 ILCS 5/12-1001(c)   |  |
|                                      | ☐ 100% of fair market value, up any applicable statutory limit |   | 5   |  |
| \$1,100.00                           |  | \$1,100.00  | 735 ILCS 5/12-1001(b)   |  |
|                                      |  | 100% of fair market value, up to any applicable statutory limit   |   |  |
| \$600.00                             |  | \$600.00  | 735 ILCS 5/12-1001(a)   |  |
|                                      |  | 100% of fair market value, up to any applicable statutory limit   |   |  |
| \$150.00                             |  | \$150.00  | 735 ILCS 5/12-1001(b)   |  |
|                                      |  | 100% of fair market value, up to any applicable statutory limit   |   |  |
| \$100.00                             |  | \$100.00  | 735 ILCS 5/12-1001(b)   |  |
|                                      |  | 100% of fair market value, up to any applicable statutory limit   |   |  |
|                                      | \$1,100.00 \$150.00  | \$1,100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 | Copy the value from Schedule A/B  \$2,500.00  \$2,400.00  100% of fair market value, up to any applicable statutory limit  \$1,100.00  \$1,100.00  100% of fair market value, up to any applicable statutory limit  \$600.00  \$100% of fair market value, up to any applicable statutory limit  \$100% of fair market value, up to any applicable statutory limit  \$100% of fair market value, up to any applicable statutory limit  \$150.00  \$100% of fair market value, up to any applicable statutory limit  \$100% of fair market value, up to any applicable statutory limit |  |

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Betty J. Blottiaux

Brief description of the property and line on Schedule A/B that lists this property

Copy the value from Check only one boy for each exemption

|                       | ription of the property and line on 4/B that lists this property        | Current value of the Amount of the exemption you claim portion you own |         |   | Specific laws that allow exemption |  |
|-----------------------|---|--|---------|---|------------------------------------|--|
|                       |   | Copy the value from<br>Schedule A/B                                    | Che     | eck only one box for each exemption.                            |                                    |  |
| savings<br>Financia   | account - First Community   | \$100.00   |         | \$100.00  | 735 ILCS 5/12-1001(b)              |  |
|                       | Schedule A/B: <b>17.1</b>   |  |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|                       | currently receives retirement nru State of Illinois). see               | \$0.00   |         | 100%  | 735 ILCS 5/12-1006                 |  |
| schedul               |   |  |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| •                     | ted 2015 IRS refund   | \$1,000.00   |         | \$1,000.00  | 735 ILCS 5/12-1001(b)              |  |
| Line nom              | Suredule A/D. 20.1  |  |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|                       | ime share in Coco Beach,<br>tor's sister, Judy Leslie,                  | \$2,250.00   |         | \$1,550.00  | 735 ILCS 5/12-1001(b)              |  |
| quit-clai<br>Debtor 1 | med her interest to the week ago. F.M.V. is \$2,250. Schedule A/B: 35.1 |  |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|                       | claiming a homestead exemption o adjustment on 4/01/16 and every        |  |         | led on or after the date of adjustme                            | nt.)                               |  |
| ☐ Yes.                | Did you acquire the property cover No                                   | ed by the exemption wi   | ithin 1 | ,215 days before you filed this case                            | ?                                  |  |

☐ Yes

|                     |                          | I A A A I II I I I | 111 1200    |  |
|---------------------|--------------------------|--------------------|-------------|--|
| Fill in this infor  | rmation to identify your | case:              |             |  |
| Debtor 1            | Betty J. Blottiaux       | (                  |             |  |
|                     | First Name               | Middle Name        | Last Name   |  |
| Debtor 2            |                          |                    |             |  |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name   |  |
| United States B     | ankruptcy Court for the: | NORTHERN DISTRICT  | OF ILLINOIS |  |
| Case number         |                          |                    |             |  |
| (if known)          |                          |                    |             |  |
|                     |                          |                    |             |  |

### Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

|   | 0000 10 00020 1  | Document   | Page 1                               | 19 of 51  | 0-1.1-1 000                               | o mani                                       |
|---|--|--|--------------------------------------|---|---|--|
| Fill in this in   | formation to identify your o   |  |                                      |   |   |  |
| Debtor 1  | Betty J. Blottiaux   |  |                                      |   |   |  |
|   | First Name   | Middle Name  | Last Name                            |   |   |  |
| Debtor 2<br>(Spouse if, filing)                                       | First Name   | Middle Name  | Last Name                            |   |   |  |
| -   |  |  |                                      |   |   |  |
| United States   | Bankruptcy Court for the:  | NORTHERN DISTRICT OF   | ILLINOIS                             |   |   |  |
| Case number<br>(if known)   | ·  |  |                                      |   | _   | heck if this is an                           |
|   |  |  |                                      |   | a   | mended filing                                |
| Official Fo   | orm 106E/F   |  |                                      |   |   |  |
| Schedule  | E/F: Creditors W   | ho Have Unsecure   | d Claims                             |   |   | 12/15  |
| Schedule G: Ex<br>Schedule D: Cr<br>left. Attach the<br>name and case | ecutory Contracts and Unexpi<br>editors Who Have Claims Secu<br>Continuation Page to this page<br>number (if known). | that could result in a claim. Als red Leases (Official Form 106G) ured by Property. If more space e. If you have no information to | ). Do not include<br>is needed, copy | e any creditors with partia<br>v the Part you need, fill it o | Illy secured claims<br>out, number the en | that are listed in tries in the boxes on the |
|   | st All of Your PRIORITY Una editors have priority unsecured  |  |                                      |   |   |  |
| ■ No. Go  | • •  | a ciainis against you:   |                                      |   |   |  |
| ☐ Yes.  | to rait 2.   |  |                                      |   |   |  |
|   | st All of Your NONPRIORIT  | Y Unsecured Claims   |                                      |   |   |  |
| _ `   | editors have nonpriority unsec   | ured claims against you? art. Submit this form to the court w  | ith your other sch                   | nedules.  |   |  |
| unsecured   | claim, list the creditor separately  | aims in the alphabetical order of<br>r for each claim. For each claim list<br>st the other creditors in Part 3.If yo               | ted, identify what                   | type of claim it is. Do not lis                               | st claims already inc                     | luded in Part 1. If more                     |
|   |  |  |                                      |   |   | Total claim                                  |
|   | ital One Bank, USA   | Last 4 digits of a   | ccount number                        | 7648  |   | \$500.00                                     |
| c/o (   | riority Creditor's Name CBE Group, Inc Box 2547  | When was the de  | ebt incurred?                        |   |   |  |
| Numb  | erloo, IA 50704-2547<br>er Street City State Zlp Code<br>incurred the debt? Check one.                               | As of the date yo  | ou file, the claim                   | is: Check all that apply                                      |   |  |
| ■ De  | ebtor 1 only   | ☐ Contingent   |                                      |   |   |  |
| □ De  | ebtor 2 only   | ☐ Unliquidated   |                                      |   |   |  |
| □ De  | ebtor 1 and Debtor 2 only  | ☐ Disputed   |                                      |   |   |  |
| ☐ At  | least one of the debtors and ano   | ther Type of NONPRI  | ORITY unsecure                       | ed claim:   |   |  |
| □ cr  | neck if this claim is for a comn   | nunity   |                                      |   |   |  |
| debt<br>Is the  | claim subject to offset?   | Obligations are report as priority of  |                                      | paration agreement or divorce                                 | ce that you did not                       |  |
| ■ No  |  |  |                                      | ing plans, and other similar                                  | debts                                     |  |
| ☐ Ye  | es   | Other. Specify   | credit card                          | t   |   |  |
|   |  | = Striot. Specify  |                                      |   |   | -  |

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Debtor 1 Betty J. Blottiaux Case number (if know) 4.2 \$900.00 Chase Bank Last 4 digits of account number Nonpriority Creditor's Name **National Payment Services;** When was the debt incurred? OH1-1272 P.O. Box 182223 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify checking account overdrafts ☐ Yes 4.3 **Ford Motor Credit Company** Last 4 digits of account number \$16,000.00 R853 Nonpriority Creditor's Name c/o Blitt and Gaines, PC When was the debt incurred? 661 Glenn Avenue Wheeling, IL 60090 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset?  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify automobile deficiency ☐ Yes 4.4 **Heights Finance Corporation** Last 4 digits of account number 5312 \$1,780.00 Nonpriority Creditor's Name When was the debt incurred? 1145 Essington Road Joliet, IL 60435 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify unsecured loan ☐ Yes

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Case number (if know) Debtor 1 Betty J. Blottiaux 4.5 \$1,400.00 **Personal Finance Company** Last 4 digits of account number 4101 Nonpriority Creditor's Name 2009 Essington Road When was the debt incurred? Joliet, IL 60435 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify unsecured loan ☐ Yes 4.6 **PLS Financial Solutions of Illinois** Last 4 digits of account number 5593 \$2,050.00 Nonpriority Creditor's Name 1551 Plainfield Road When was the debt incurred? Joliet, IL 60435 As of the date you file, the claim is: Check all that apply Number Street City State ZIp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes unsecured loan Other. Specify 4.7 Silver Cross Hospital Last 4 digits of account number 2342;4602 \$525.00 Nonpriority Creditor's Name c/o Vision Financial Services When was the debt incurred? P O Box 1768 La Porte, IN 46352-1768 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify medical services ☐ Yes

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Case number (if know)

| Silver Cross Hospital  | Last 4 digits of account number 3277  | \$250.00   |
|--|---|------------|
| Nonpriority Creditor's Name<br>1900 Silver Cross Blvd.<br>New Lenox, IL 60451-9508 | When was the debt incurred?   |            |
| Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |            |
| Who incurred the debt? Check one.  | ,   |            |
| Debtor 1 only  | ☐ Contingent  |            |
| Debtor 2 only  | ☐ Unliquidated  |            |
| ☐ Debtor 1 and Debtor 2 only   | □ Disputed  |            |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |
| ☐ Check if this claim is for a community   | ☐ Student loans   |            |
| debt<br>s the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
| □ Yes  | ■ Other. Specify medical services   |            |
| Sprint   | Last 4 digits of account number 3xxx  | \$570.00   |
| Nonpriority Creditor's Name  |   |            |
| c/o Enhanced Recovery<br>Corporation   | When was the debt incurred?   |            |
| P O Box 57547  |   |            |
| Jacksonville, FL 32241   | _   |            |
| Number Street City State ZIp Code  | As of the date you file, the claim is: Check all that apply   |            |
| Who incurred the debt? Check one.  | _   |            |
| Debtor 1 only  | Contingent  |            |
| Debtor 2 only  | ☐ Unliquidated  |            |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
| At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |
| ☐ Check if this claim is for a community   | Student loans   |            |
| debt<br>is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
| ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |            |
| □ Yes  | Other. Specify utility service  |            |
| T-Mobile Customer Relations  | Last 4 digits of account number 1722  | \$1,660.00 |
| Nonpriority Creditor's Name P.O. Box 37380   | When was the debt incurred?   | . ,        |
| Albuquerque, NM 87176-7380  Number Street City State Zlp Code                      | As of the date you file, the claim is: Check all that apply   |            |
| Who incurred the debt? Check one.  |   |            |
| Debtor 1 only  | Contingent  |            |
| Debtor 2 only  | ☐ Unliquidated  |            |
| Debtor 1 and Debtor 2 only   | Disputed  |            |
| At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |
| Check if this claim is for a community   | Student loans   |            |
| debt<br>Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
| □ Yes  | ■ Other Specify utility service   |            |
| <b>L</b> 163   | Timer Specify duling 301 vioc   |            |

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Document Page 23 of 51 Case number (if know) Debtor 1 Betty J. Blottiaux 4.1 **Woodforest National Bank** 6834 \$600.00 Last 4 digits of account number Nonpriority Creditor's Name 25231 Grogan's Mill Road When was the debt incurred? The Woodlands, TX 77380 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify **overdrafts** ☐ Yes 4.1 World Finance Corporation 7938 \$2,070.00 Last 4 digits of account number Nonpriority Creditor's Name 1459 Division Street When was the debt incurred? Morris, IL 60450 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify unsecured loan ☐ Yes Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Capital One Master Card Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 30285 Part 2: Creditors with Nonpriority Unsecured Claims Salt Lake City, UT 84130-0285 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **PLS Financial Solutions of Illinois** Line **4.6** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 800 Jorie Blvd. Part 2: Creditors with Nonpriority Unsecured Claims Oak Brook, IL 60523 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Silver Cross Hospital Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims c/o Medical Recovery Specialists Part 2: Creditors with Nonpriority Unsecured Claims 2250 EE. Devon Ave., # 352

Name and Address T-Mobile USA c/o Convergent Outsourcing, Inc

Des Plaines, IL 60018-4521

On which entry in Part 1 or Part 2 did you list the original creditor?

☐ Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Line 4.10 of (Check one):

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Debtor 1 Betty J. Blottiaux

P O Box 9004 Renton, WA 98057-9004

Last 4 digits of account number

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Total Claim     |
|--------------|-----|---|-----|-----------------|
|              | 6a. | Domestic support obligations  | 6a. | \$<br>0.00      |
| Total claims |     |   |     |                 |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>0.00      |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00      |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00      |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>0.00      |
|              |     |   |     | Total Claim     |
|              | 6f. | Student loans   | 6f. | \$<br>0.00      |
| Total claims |     |   |     |                 |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00      |
|              | 6h. |   | 6h. | \$<br>0.00      |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>28,305.00 |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>28,305.00 |

| Fill in this information to identify your case: |                          |                   |             |  |  |  |  |
|---|--------------------------|-------------------|-------------|--|--|--|--|
| Debtor 1  | Betty J. Blottiaux       | (                 |             |  |  |  |  |
|   | First Name               | Middle Name       | Last Name   |  |  |  |  |
| Debtor 2  |                          |                   |             |  |  |  |  |
| (Spouse if, filing)                             | First Name               | Middle Name       | Last Name   |  |  |  |  |
| United States B                                 | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |  |  |  |
| Case number                                     |                          |                   |             |  |  |  |  |
| (if known)                                      |                          |                   |             |  |  |  |  |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease<br>Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for                         |
|--|---|
| 2.1 Sutton Place<br>Crest Hill, IL 60403   | apartment lease from 6/1/2015 - 5/31/2016. Lease to be assumed. |

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|                                |   | DOGDINE  | III Paue 70 t             | 11 3 1                                    |   |
|--------------------------------|---|--|---------------------------|---|---|
| Fill in this                   | information to identify your  | case:  |                           |   |   |
| Debtor 1                       | Betty J. Blottiaux  |  |                           |   |   |
|                                | First Name  | Middle Name  | Last Name                 |   |   |
| Debtor 2<br>(Spouse if, filing | g) First Name   | Middle Name  | Last Name                 |   |   |
|                                | es Bankruptcy Court for the:  | NORTHERN DISTRICT                                    | OF ILLINOIS               |   |   |
| Officed Stat                   | es bankruptcy Court for the.  | NORTHERN DISTRICT                                    | OF ILLINOIS               |   |   |
| Case numb                      | per   |  |                           |   | Charle if this is an  |
| (ii kilowil)                   |   |  |                           |   | Check if this is an amended filing  |
| O.//                           | - 40011   |  |                           |   | •   |
|                                | Form 106H   |  |                           |   |   |
| <u>Sched</u>                   | ule H: Your Cod   | ebtors   |                           |   | 12/15   |
| ill it out, ar<br>our name     | nd number the entries in the and case number (if known)             | boxes on the left. Attach<br>. Answer every question | the Additional Page t     | o this page. On the top                   | eded, copy the Additional Page,<br>of any Additional Pages, write   |
| 1. Do y                        | ou have any codebtors? (If  | you are filing a joint case,                         | do not list either spouse | as a codebtor.                            |   |
| ■ No                           |   |  |                           |   |   |
| ☐ Yes                          |   |  |                           |   |   |
|                                | nin the last 8 years, have you<br>a, California, Idaho, Louisiana,  |  |                           |   | states and territories include  |
| ■ No.                          | Go to line 3.   |  |                           |   |   |
| ☐ Yes.                         | . Did your spouse, former spou                                      | use, or legal equivalent live                        | with you at the time?     |   |   |
| in line<br>Form 1              | 2 again as a codebtor only i  | f that person is a guaran                            | tor or cosigner. Make     | sure you have listed the                  | with you. List the person shown<br>e creditor on Schedule D (Official<br>chedule E/F, or Schedule G to fill |
| -                              | Column 1: Your codebtor<br>lame, Number, Street, City, State and ZI | P Code   |                           | Column 2: The cred<br>Check all schedules | litor to whom you owe the debt that apply:  |
| 3.1                            |   |  |                           | ☐ Schedule D, line                        |   |
|                                | Name  |  |                           | ☐ Schedule E/F, lin                       | ne  |
|                                |   |  |                           | ☐ Schedule G, line                        |   |
|                                | Number Street   |  |                           |   |   |
|                                | Dity  | State  | ZIP Code                  |   |   |
| 3.2                            |   |  |                           | ☐ Schedule D, line                        |   |
|                                | Name  |  |                           | ☐ Schedule E/F, lin                       | ne  |
|                                |   |  |                           | ☐ Schedule G, line                        |   |
|                                | Number Street   |  |                           | _   |   |
| (                              | City  | State  | ZIP Code                  |   |   |

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|             | in this information to identify your c  |                              |                         |           |       |             |                            |             |                                   |          |
|-------------|---|------------------------------|-------------------------|-----------|-------|-------------|----------------------------|-------------|-----------------------------------|----------|
| Dei         | otor 1 Betty J. Blo   | ttiaux                       |                         |           |       |             |                            |             |                                   |          |
| 1           | otor 2  |                              |                         |           | _     |             |                            |             |                                   |          |
| Uni         | ted States Bankruptcy Court for the   | : NORTHERN DISTRIC           | CT OF ILLINOIS          |           |       |             |                            |             |                                   |          |
| 1           | se number   |                              | -                       |           |       |             | ck if this is<br>An amende | ed filing   |                                   |          |
|             |   |                              |                         |           |       |             |                            |             | ng postpetitior<br>following date |          |
| 0           | fficial Form 106l   |                              |                         |           |       | Ī           | /M / DD/ \                 | YYYY        |                                   |          |
| S           | chedule I: Your Inc   | ome                          |                         |           |       |             |                            |             |                                   | 12/15    |
| spo<br>atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment | ır spouse is not filing wi   | ith you, do not include | infori    | mati  | on abou     | t your sp                  | ouse. If m  | ore space is                      | needed,  |
| 1.          | Fill in your employment information.  |                              | Debtor 1                |           |       |             | Debtor 2                   | 2 or non-f  | filing spouse                     |          |
|             | If you have more than one job, attach a separate page with  | Employment status            | ■ Employed              |           |       |             | ☐ Empl                     | oyed        |                                   |          |
|             | information about additional employers.   | p.o,o o.a.a.                 | ☐ Not employed          |           |       |             | ☐ Not e                    | employed    |                                   |          |
|             |   | Occupation                   | retired                 |           |       |             |                            |             |                                   |          |
|             | Include part-time, seasonal, or self-employed work.   | Employer's name              |                         |           |       |             |                            |             |                                   |          |
|             | Occupation may include student or homemaker, if it applies.   | Employer's address           |                         |           |       |             |                            |             |                                   |          |
|             |   | How long employed the        | here? <u>1/1/2016</u>   |           |       |             | _                          |             |                                   |          |
| Par         | Give Details About Mor  | nthly Income                 |                         |           |       |             |                            |             |                                   |          |
|             | mate monthly income as of the duse unless you are separated.  | ate you file this form. If y | you have nothing to rep | ort for   | any   | line, write | e \$0 in the               | space. In   | nclude your no                    | n-filing |
|             | ou or your non-filing spouse have mo<br>e space, attach a separate sheet to   |                              | ombine the information  | for all e | emplo | oyers for   | that perso                 | on on the I | lines below. If                   | you need |
|             |   |                              |                         |           |       | For De      | btor 1                     |             | ebtor 2 or<br>ling spouse         |          |
| 2.          | List monthly gross wages, sala deductions). If not paid monthly,  |                              |                         | 2.        | \$    | 3           | ,005.00                    | \$          | N/A                               | -        |
| 3.          | Estimate and list monthly overt   | ime pay.                     |                         | 3.        | +\$   |             | 0.00                       | +\$         | N/A                               | -        |
| 4.          | Calculate gross Income. Add lin   | ne 2 + line 3.               |                         | 4.        | \$    | 3.0         | 05.00                      | \$          | N/A                               |          |

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| Debt | or 1          | Betty J. Blottiaux  | _          | Case r   | number (if known) |           |                                       |                |
|------|---------------|---|------------|----------|-------------------|-----------|---------------------------------------|----------------|
|      | Copy          | y line 4 here   | 4.         | For \$   | Debtor 1 3,005.00 |           | Debtor 2 or<br>a-filing spouse<br>N/A |                |
| 5.   | List          | all payroll deductions:   |            |          |                   |           |                                       |                |
| -    | 5a.           | Tax, Medicare, and Social Security deductions   | 5a.        | \$       | 333.00            | \$        | N/A                                   |                |
|      | 5b.           | Mandatory contributions for retirement plans  | 5b.        | \$       | 0.00              | \$        | N/A                                   |                |
|      | 5c.           | Voluntary contributions for retirement plans  | 5c.        | \$       | 0.00              | \$        | N/A                                   |                |
|      | 5d.           | Required repayments of retirement fund loans  | 5d.        | \$       | 0.00              | \$_       | N/A                                   |                |
|      | 5e.<br>5f.    | Insurance Domestic support obligations  | 5e.<br>5f. | \$<br>\$ | 40.00<br>0.00     | \$_<br>\$ | N/A<br>N/A                            |                |
|      | 5g.           | Union dues  | 5g.        | \$<br>   | 0.00              | \$<br>_   | N/A                                   |                |
|      | 5h.           | Other deductions. Specify:  | 5h.+       | _ :      | 0.00              | · —       | N/A                                   |                |
| 6.   | Add           | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.         | \$       | 373.00            | \$        | N/A                                   | •              |
| 7.   | Calc          | ulate total monthly take-home pay. Subtract line 6 from line 4.   | 7.         | \$       | 2,632.00          | \$        | N/A                                   |                |
| 8.   | List 8a.      | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a.        | \$       | 0.00              | \$        | N/A                                   |                |
|      | 8b.           | Interest and dividends  | 8b.        | \$       | 0.00              | \$_       | N/A                                   |                |
|      | 8c.           | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c.        | \$       | 0.00              | \$        | N/A                                   |                |
|      | 8d.           | Unemployment compensation   | 8d.        | \$       | 0.00              | \$        | N/A                                   |                |
|      | 8e.           | Social Security   | 8e.        | \$       | 0.00              | \$        | N/A                                   |                |
|      | 8f.           | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:          | 8f.        | \$       | 0.00              | \$        | N/A                                   |                |
|      | 8g.           | Pension or retirement income  | 8g.        | \$       | 0.00              | \$        | N/A                                   |                |
|      | 8h.           | daughter's income from DuPage Other monthly income. Specify: Medical  | 8h.+       | - \$     | 1,347.00          | + \$      | N/A                                   |                |
|      | 011.          | daughter's child support  | _ ''''     | \$_      | 433.00            | ` \$_     | N/A                                   |                |
|      |               |   | _          |          |                   |           |                                       | T              |
| 9.   | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.         | \$       | 1,780.00          | \$_       | N/A                                   | <u>\</u>       |
| 10.  |               | ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10. \$     | 4        | 1,412.00 + \$_    |           | N/A = \$                              | 4,412.00       |
| 11.  | Inclu<br>othe | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your refriends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are not a cify:          | depen      | ·        | •                 |           | Schedule J.<br>11. +\$                | 0.00           |
| 12.  |               | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines  |            |          |                   |           | 12. \$                                | 4,412.00       |
| 10   | De ··         | iou expect on increase or degrees within the year often year file this forms  | 2          |          |                   |           | Combin<br>monthly                     | ed<br>y income |
| 13.  |               | No.   |            |          |                   |           |                                       |                |
|      |               | Yes. Explain: The Debtor retired on January 1, 2016 and receiv children (2 years; 4 month old) live with her.   | es SE      | RS (r    | etirement). D     | augh      | ter and her 2 r                       | ninor          |

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| Eill              | in this informe                                  | tion to identify yo                                   | ur caca:                            | ,  |  | 1           |                                    |                               |
|-------------------|--|---|-------------------------------------|--|--|-------------|------------------------------------|-------------------------------|
|                   |  |   |                                     |  |  | 01          |                                    |                               |
| Deb               | otor 1   | Betty J. Blott  | tiaux                               |  |  | Ch          | eck if this is:  An amended filing |                               |
|                   | otor 2   |   |                                     |  |  |             | A supplement sho                   | wing postpetition chapter     |
| (Spo              | ouse, if filing)                                 |   |                                     |  |  |             | 13 expenses as of                  | f the following date:         |
| Unit              | ed States Bankr                                  | ruptcy Court for the:                                 | NORTH                               | IERN DISTRICT OF ILLIN   | OIS                                    |             | MM / DD / YYYY                     |                               |
|                   | e number<br>nown)                                |   |                                     |  |  |             |                                    |                               |
| Of                | fficial Fo                                       | rm 106J   |                                     |  |  |             |                                    |                               |
| S                 | chedule  | J: Your I   | Exper                               | nses   |  |             |                                    | 12/1                          |
| Be<br>info<br>nur | as complete a<br>ormation. If m<br>mber (if know | and accurate as<br>ore space is ne<br>n). Answer ever | possible<br>eded, atta<br>y questio | . If two married people ar<br>ich another sheet to this                    |  |             |                                    |                               |
| Par<br>1.         | t 1: Descr<br>Is this a joir                     | ibe Your House<br>nt case?                            | hold                                |  |  |             |                                    |                               |
|                   | ■ No. Go to                                      |   | n a senar                           | ata housahold?   |  |             |                                    |                               |
|                   | □ res. <b>Doe</b>                                |   | п а зераг                           | ate nousenoiu:   |  |             |                                    |                               |
|                   |  |   | t file Offic                        | al Form 106J-2, Expenses   | for Separate House                     | ehold of De | ebtor 2.                           |                               |
| 2.                | Do you have                                      | e dependents?   | □ No                                |  |  |             |                                    |                               |
|                   | Do not list D<br>Debtor 2.                       | •   | Yes.                                | Fill out this information for each dependent                               | Dependent's relat<br>Debtor 1 or Debto |             | Dependent's age                    | Does dependent live with you? |
|                   | Do not state dependents                          |   |                                     |  | grandchildren                          | 1           | 2, 4<br>months                     | □ No ■ Yes                    |
|                   |  |   |                                     |  | -                                      |             |                                    | □ No                          |
|                   |  |   |                                     |  | daughter                               |             | 28                                 | Yes                           |
|                   |  |   |                                     |  |  |             |                                    | □ No                          |
|                   |  |   |                                     |  |  |             |                                    | ☐ Yes<br>☐ No                 |
|                   |  |   |                                     |  |  |             |                                    | ☐ Yes                         |
| 3.                |  | enses include   | _                                   | No   |  |             |                                    | . — :                         |
|                   |  | f people other the<br>d your depender                 |                                     | Yes  |  |             |                                    |                               |
| Est               | imate your ex                                    |   | our bankr                           | ly Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp |  |             |                                    |                               |
|                   | olicable date.                                   |   |                                     | ,  |  | ,           |                                    |                               |
| the               |  | n assistance and                                      |                                     | government assistance i<br>cluded it on <i>Schedule I:</i> \               |  |             | Your exp                           | penses                        |
| (0)               | ilciai i Oilli i                                 | ,oi. <i>j</i>   |                                     |  |  |             |                                    |                               |
| 4.                |  | or home owners<br>and any rent for the                |                                     | ses for your residence. I<br>or lot.                                       | nclude first mortgag                   | e<br>4.     | \$                                 | 1,245.00                      |
|                   | If not includ                                    | led in line 4:  |                                     |  |  |             |                                    |                               |
|                   | 4a. Real e                                       | estate taxes  |                                     |  |  | 4a.         | \$                                 | 0.00                          |
|                   |  | rty, homeowner's                                      |                                     |  |  | 4b.         | \$                                 | 0.00                          |
|                   |  |   |                                     | upkeep expenses  |  | 4c.         | ·                                  | 0.00                          |
| 5.                |  | owner's associati                                     |                                     | dominium dues<br>our residence, such as ho                                 | me equity loans                        | 4d.<br>5.   | ·                                  | 0.00                          |
| J.                | Augustiali                                       | Lyaye payille   |                                     | rai reciacites, sucil as 110   | ino caally loallo                      | J.          | w .                                | 17-1717                       |

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| Debt | or 1    | Betty J. Blottiaux  | Case num | nber (if known) |                              |
|------|---------|---|----------|-----------------|------------------------------|
| 6.   | Utiliti | es:   |          |                 |                              |
|      | 6a.     | Electricity, heat, natural gas  | 6a.      | \$              | 200.00                       |
|      | 6b.     | Water, sewer, garbage collection  | 6b.      | \$              | 0.00                         |
|      | 6c.     | Telephone, cell phone, Internet, satellite, and cable services  | 6c.      | \$              | 157.00                       |
|      | 6d.     | Other. Specify: cell telephone  | 6d.      | \$              | 250.00                       |
| 7.   | Food    | and housekeeping supplies   | 7.       | \$              | 600.00                       |
| 8.   | Child   | care and children's education costs   | 8.       | \$              | 0.00                         |
| 9.   | Cloth   | ing, laundry, and dry cleaning  | 9.       | \$              | 220.00                       |
|      |         | onal care products and services   | 10.      | · -             | 30.00                        |
|      |         | cal and dental expenses   | 11.      | ·               | 150.00                       |
|      |         | sportation. Include gas, maintenance, bus or train fare.  |          |                 |                              |
|      |         | ot include car payments.  | 12.      | \$              | 180.00                       |
|      |         | tainment, clubs, recreation, newspapers, magazines, and books   | 13.      | \$              | 65.00                        |
|      |         | table contributions and religious donations   | 14.      | \$              | 0.00                         |
|      | Insur   |   |          | · ———           |                              |
|      |         | of include insurance deducted from your pay or included in lines 4 or 20.   |          |                 |                              |
|      |         | Life insurance  | 15a.     | \$              | 0.00                         |
|      | 15b.    | Health insurance  | 15b.     | \$              | 0.00                         |
|      |         | Vehicle insurance   | 15c.     | ·               | 120.00                       |
|      |         | Other insurance. Specify:   | 15d.     | *               | 0.00                         |
|      |         | s. Do not include taxes deducted from your pay or included in lines 4 or 20.  |          | *               | 0.00                         |
|      | Speci   |   | 16.      | \$              | 0.00                         |
|      | •       | Ilment or lease payments:   |          | · —             |                              |
|      |         | Car payments for Vehicle 1  | 17a.     | \$              | 0.00                         |
|      |         | Car payments for Vehicle 2  | 17b.     | \$              | 0.00                         |
|      |         | Other Specify   | 17c.     | \$              | 0.00                         |
|      |         | Other. Specify:   | 17d.     | · -             | 0.00                         |
|      |         | payments of alimony, maintenance, and support that you did not report as  |          | <u> </u>        | 0.00                         |
|      |         | cted from your pay on line 5, Schedule I, Your Income (Official Form 106I).   | 18.      | \$              | 0.00                         |
|      |         | payments you make to support others who do not live with you.   |          | \$              | 0.00                         |
|      | Speci   |   | 19.      | · -             |                              |
|      | •       | real property expenses not included in lines 4 or 5 of this form or on Sche   |          | our Income.     |                              |
|      |         | Mortgages on other property   | 20a.     |                 | 0.00                         |
|      |         | Real estate taxes   | 20b.     | \$              | 0.00                         |
|      | 20c.    | Property, homeowner's, or renter's insurance  | 20c.     | \$              | 0.00                         |
|      |         | Maintenance, repair, and upkeep expenses  | 20d.     | ·               | 0.00                         |
|      |         | Homeowner's association or condominium dues   | 20e.     | ·               | 0.00                         |
|      |         | : Specify: car maintenance  |          | +\$             | 200.00                       |
|      |         |   |          |                 |                              |
|      |         | care (\$150 / week)   |          | +\$             | 645.00                       |
| _    | diap    | ers, formula  |          | +\$             | 200.00                       |
| 22.  | Calcu   | late your monthly expenses  |          |                 |                              |
|      |         | Add lines 4 through 21.   |          | \$              | 4,262.00                     |
|      |         | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   |          | \$              | -,_3=:00                     |
|      |         |   |          | \$              | 4 262 00                     |
|      | 22U. F  | Add line 22a and 22b. The result is your monthly expenses.  |          | Ψ               | 4,262.00                     |
| 23.  | Calcu   | late your monthly net income.   |          |                 | J                            |
|      |         | Copy line 12 (your combined monthly income) from Schedule I.  | 23a.     | \$              | 4,412.00                     |
|      |         | Copy your monthly expenses from line 22c above.   | 23b.     | -\$             | 4,262.00                     |
|      | -       |   |          |                 |                              |
|      | 23c.    | Subtract your monthly expenses from your monthly income.  |          |                 | 4.50                         |
|      |         | The result is your monthly net income.  | 23c.     | \$              | 150.00                       |
|      |         | ,   |          |                 |                              |
|      | For ex  | bu expect an increase or decrease in your expenses within the year after your car loan within the year or do you expect your car loan within the year or do you expect your cation to the terms of your mortgage? |          |                 | ase or decrease because of a |
|      | ■ No    | ).  |          |                 |                              |
|      |         |   |          |                 |                              |

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| Fill in this info           | rmation to identify your                           | case:                     |                             |                         |   |
|-----------------------------|--|---------------------------|-----------------------------|-------------------------|---|
| Debtor 1                    | Betty J. Blottiaux                                 |                           |                             |                         |   |
|                             | First Name   | Middle Name               | Last Name                   |                         |   |
| Debtor 2                    |  |                           |                             |                         |   |
| (Spouse if, filing)         | First Name   | Middle Name               | Last Name                   |                         |   |
| United States B             | sankruptcy Court for the:                          | NORTHERN DISTRICT         | OF ILLINOIS                 |                         |   |
| Case number                 |  |                           |                             |                         |   |
| (if known)                  |  |                           |                             |                         | ☐ Check if this is an                                     |
|                             |  |                           |                             |                         | amended filing  |
| Official For <b>Declara</b> |  | n Individual              | Debtor's Sc                 | hedules                 | 12/15   |
|                             |  |                           |                             |                         |   |
| ir two married p            | eople are filing togethe                           | r, both are equally respo | ensible for supplying cor   | rect information.       |   |
| obtaining mone              |  | n connection with a ban   |                             |                         | ent, concealing property, or or imprisonment for up to 20 |
| Sig                         | gn Below   |                           |                             |                         |   |
| Did you p                   | ay or agree to pay some                            | one who is NOT an atto    | rney to help you fill out b | pankruptcy forms?       |   |
| ■ No                        |  |                           |                             |                         |   |
| ☐ Yes.                      | Name of person                                     |                           |                             |                         | ıptcy Petition Preparer's Notice,                         |
|                             |  |                           |                             | Declaration, a          | and Signature (Official Form 119)                         |
|                             | alty of perjury, I declare<br>re true and correct. | that I have read the sum  | nmary and schedules file    | d with this declaration | and   |
| X /s/ Be                    | tty J. Blottiaux                                   |                           | X                           |                         |   |
| Betty                       | J. Blottiaux ure of Debtor 1                       |                           | Signature of                | Debtor 2                |   |

Date \_\_\_\_\_

Date February 24, 2016

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| Fill i           | n this inform          | ation to identify you      | r case:                             |  |  |                                       |
|------------------|------------------------|----------------------------|-------------------------------------|--|--|---------------------------------------|
| Debt             | or 1                   | Betty J. Blottiau          | x                                   |  |  |                                       |
|                  |                        | First Name                 | Middle Name                         | Last Name  |  |                                       |
| Debte<br>(Spous  | or 2<br>se if, filing) | First Name                 | Middle Name                         | Last Name  |  |                                       |
| Linite           | d States Ban           | kruptcy Court for the:     | NORTHERN DISTRICT (                 | OF ILLINOIS  |  |                                       |
| Office           | u States Dan           | ikiupicy Court for the.    | NORTHERN DISTRICT                   | DI ILLINOIS  |  |                                       |
| Case<br>(if know | number                 |                            |                                     |  |  | Ohaali if thia ia aa                  |
| (II KIIO         | vii)                   |                            |                                     |  | -  | Check if this is an<br>amended filing |
|                  |                        |                            |                                     |  |  |                                       |
| ∩ffi             | cial For               | m 107                      |                                     |  |  |                                       |
|                  |                        |                            | Affairs for Individ                 | duals Filing for B   | ankruntev  | 12/1                                  |
|                  |                        |                            |                                     |  | <u> </u>   |                                       |
|                  |                        |                            |                                     |  | equally responsible for sup<br>additional pages, write yo      |                                       |
| numb             | er (if known           | ). Answer every que        | stion.                              | •  | , , ,  |                                       |
| Part             | 1: Give D              | etails About Your Ma       | rital Status and Where You          | ı Lived Before   |  |                                       |
|                  | What is your           | current marital statu      | ue?                                 |  |  |                                       |
|                  | viiat is your          | Current mantai Statu       | 15:                                 |  |  |                                       |
|                  | ☐ Married              |                            |                                     |  |  |                                       |
|                  | Not marr               | ried                       |                                     |  |  |                                       |
| 2. [             | Ouring the la          | st 3 years, have you       | lived anywhere other than           | where you live now?  |  |                                       |
|                  | <b>.</b>               |                            |                                     |  |  |                                       |
| ,<br>,           | ■ No<br>□ Voc List     | all of the places you l    | ived in the last 2 years. Do n      | ot include where you live now                              | ,  |                                       |
|                  |                        |                            | ived in the last 5 years. Do in     | ,  |  |                                       |
|                  | Debtor 1 Pri           | or Address:                | Dates Debtor 1 lived there          | Debtor 2 Prior Ad  | dress:   | Dates Debtor 2<br>lived there         |
|                  |                        |                            |                                     |  |  |                                       |
|                  |                        |                            |                                     |  | ity property state or territor<br>ico, Texas, Washington and \ |                                       |
|                  | _                      | ·                          |                                     |  |  | ,                                     |
|                  | ■ No<br>□ Yee Mel      | co ouro vou fill out Col   | andula III Vaur Cadabtara (O        | fficial Form 106U)   |  |                                       |
|                  | ☐ Yes. Mal             | ke sure you fill out Scr   | nedule H: Your Codebtors (O         | mciai Form 106H).  |  |                                       |
| Part             | 2 Explair              | n the Sources of You       | r Income                            |  |  |                                       |
|                  | N                      |                            |                                     |  |  |                                       |
|                  |                        |                            |                                     | ig a business during this yeall businesses, including part | ear or the two previous cale<br>time activities.               | endar years?                          |
| İ                | f you are filing       | g a joint case and you     | have income that you receiv         | e together, list it only once ur                           | nder Debtor 1.   |                                       |
| [                | □ No                   |                            |                                     |  |  |                                       |
| ı                | Yes. Fill              | in the details.            |                                     |  |  |                                       |
|                  |                        |                            | Dahtan 4                            |  | Dahtar 0   |                                       |
|                  |                        |                            | Debtor 1 Sources of income          | Gross income   | Debtor 2 Sources of income                                     | Gross income                          |
|                  |                        |                            | Check all that apply.               | (before deductions and                                     | Check all that apply.  | (before deductions                    |
|                  |                        |                            |                                     | exclusions)  |  | and exclusions)                       |
|                  |                        |                            |                                     | <b>*</b>   |  |                                       |
|                  | ast calendar           |                            | ■ Wages, commissions,               | \$56,000.00  | ☐ Wages, commissions,  |                                       |
|                  |                        | year:<br>cember 31, 2015 ) | ■ Wages, commissions, bonuses, tips | \$56,000.00  | ☐ Wages, commissions, bonuses, tips                            |                                       |

Official Form 107

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Debtor 1 Betty J. Blottiaux

|      |  |  | Deb   | tor 1  |   | Debtor 2  |  |   |  |
|------|--|--|---|--|---|---|--|---|--|
|      |  |  | Sources of income Check all that apply.  Gross income (before deductions and exclusions)  |  |   |   | <b>me</b><br>ply.                      | Gross income<br>(before deductions<br>and exclusions)         |  |
|      |  | dar year befor<br>December 31,   |   |  | \$48,000.00   | ☐ Wages, comm<br>bonuses, tips  | nissions,                              |   |  |
|      |  |  |   | perating a business  |   | ☐ Operating a but   | usiness                                |   |  |
|      | the calendary 1 to                               | dar year:<br>December 31,  |   | Jages, commissions, uses, tips   | \$44,000.00   | ☐ Wages, comm<br>bonuses, tips  | nissions,                              |   |  |
|      |  |  |   | perating a business  |   | ☐ Operating a bi  | usiness                                |   |  |
|      | Include include and other winnings.  List each s | come regardles<br>public benefit p<br>If you are filing  | s of whether tha<br>ayments; pensic<br>a joint case and<br>gross income fro   | t income is taxable. Exa<br>ons; rental income; inter<br>you have income that y  | o previous calendar years?<br>amples of other income are a<br>rest; dividends; money collect<br>you received together, list it of<br>tely. Do not include income the  | ted from lawsuits; ro<br>nly once under Deb   | oyalties; and<br>otor 1.               |   |  |
|      |  |  |   |  |   |   |  |   |  |
|      |  |  | Debt  | or 1<br>ces of income  | Gross income  | Debtor 2<br>Sources of inco   | mo                                     | Gross income  |  |
|      |  |  |   | ribe below   | (before deductions and exclusions)  | Describe below.   | ille                                   | (before deductions and exclusions)                            |  |
|      | last calen<br>nuary 1 to                         | dar year:<br>December 31,  |   | ghter's rent and<br>d support  | \$1,800.00  |   |  |   |  |
|      |  |  |   |  |   |   |  |   |  |
|      |  |  |   | -time employment<br>year   | \$1,200.00  |   |  |   |  |
| Pari | t 3: List  | t Certain Paym   | last  |  |   |   |  |   |  |
|      |  | r Debtor 1's or<br>Neither Debt  | last ents You Made Debtor 2's deb or 1 nor Debtor   | year  Before You Filed for the strength of the | Bankruptcy<br>r debts?<br>ımer debts. Consumer debt   | s are defined in 11 L   | J.S.C. § 101(                          | (8) as "incurred by an  |  |
|      | Are eithe  | r Debtor 1's or<br>Neither Debt<br>individual prin   | Debtor 2's debor 1 nor Debtor arily for a person days before you  | year  Before You Filed for the second | Bankruptcy<br>r debts?<br>ımer debts. Consumer debt   |   |  | (8) as "incurred by an  |  |
|      | Are eithe  | r Debtor 1's or<br>Neither Debt<br>individual prin<br>During the 90  | Debtor 2's debor 1 nor Debtor narily for a personal days before you to to line 7.   | Before You Filed for the primarily consumer 2 has primarily consumal, family, or household filed for bankruptcy, di  | Bankruptcy r debts? umer debts. Consumer debts id purpose." d you pay any creditor a tota   | l of \$6,225* or more   | ?                                      |   |  |
|      | Are eithe  | r Debtor 1's or Neither Debt individual prin During the 90  No. G Yes L p  | Debtor 2's debor 1 nor Debtor arily for a personation to line 7.  ist below each coaid that creditor. out include payments  | Before You Filed for the primarily consumer 2 has primarily consumal, family, or household filed for bankruptcy, direction to whom you pain Do not include payments to an attorney for the   | Bankruptcy  r debts?  Imer debts. Consumer debts Id purpose."  d you pay any creditor a tota  d a total of \$6,225* or more into the fordomestic support obligations bankruptcy case.   | of \$6,225* or more<br>n one or more paym<br>ations, such as child                                    | ?<br>nents and the<br>d support and    | e total amount you  |  |
|      | Are eithe  | r Debtor 1's or Neither Debt individual prin During the 90  No. G Yes L p  | Debtor 2's debor 1 nor Debtor arily for a personation to line 7.  ist below each coaid that creditor. out include payments  | Before You Filed for the primarily consumer 2 has primarily consumal, family, or household filed for bankruptcy, direction to whom you pain Do not include payments to an attorney for the   | Bankruptcy  r debts?  Imer debts. Consumer debts Id purpose."  d you pay any creditor a tota  d a total of \$6,225* or more interest of the support obliger   | of \$6,225* or more<br>n one or more paym<br>ations, such as child                                    | ?<br>nents and the<br>d support and    | e total amount you  |  |
|      | Are either □ No.                                 | Postor 1's or Neither Debt individual print During the 90 No. Government Programmer Prog | Debtor 2's debor 1 nor Debtor arily for a personation to to line 7. Sist below each coaid that creditor. Out include payment adjustment on 4/Debtor 2 or both   | Before You Filed for the primarily consumer 2 has primarily consumer 2 has primarily consumal, family, or household filed for bankruptcy, direction to whom you pain Do not include payments to an attorney for the point of the primarily consumer that the p | Bankruptcy  r debts?  Imer debts. Consumer debts.  Id purpose."  d you pay any creditor a tota  d a total of \$6,225* or more interest of the domestic support obligation is bankruptcy case.  Is after that for cases filed on         | of \$6,225* or more n one or more paym ations, such as child or after the date of a                   | ?<br>nents and the<br>d support and    | e total amount you  |  |
|      | Are either □ No.                                 | Debtor 1's or Neither Debt individual print During the 90 No. Go Yes L p n * Subject to a Debtor 1 or E During the 90  | Debtor 2's debor 1 nor Debtor arily for a personation to to line 7. Sist below each coaid that creditor. Out include payment adjustment on 4/Debtor 2 or both   | Before You Filed for the primarily consumer 2 has primarily consumer 2 has primarily consumal, family, or household filed for bankruptcy, direction to whom you pain Do not include payments to an attorney for the point of the primarily consumer that the p | Bankruptcy  r debts?  Imer debts. Consumer debts.  Id purpose."  d you pay any creditor a tota  d a total of \$6,225* or more interest of the domestic support oblighis bankruptcy case.  Is after that for cases filed on timer debts. | of \$6,225* or more n one or more paym ations, such as child or after the date of a                   | ?<br>nents and the<br>d support and    | e total amount you  |  |
|      | Are either □ No.                                 | Poebtor 1's or Neither Debt individual pring the 90    During the 90    No. Go    Yes L    Poebtor 1 or During the 90    No. Go    Ves L    Poebtor 1 or During the 90    No. Go    Yes L    If yes L  | Debtor 2's debor 1 nor Debtor arily for a person days before you to to line 7. ist below each coaid that creditor. ot include payment on 4/Debtor 2 or both days before you to to line 7. ist below each coaid that creditor. | Before You Filed for the primarily consumer 2 has primarily consumer 2 has primarily consumal, family, or household filed for bankruptcy, distributed for bankruptcy, distributed for the primarily consumer and t | Bankruptcy  r debts?  Imer debts. Consumer debts.  Id purpose."  d you pay any creditor a tota  d a total of \$6,225* or more interest of the domestic support oblighis bankruptcy case.  Is after that for cases filed on timer debts. | of \$6,225* or more none or more paymations, such as child or after the date of all of \$600 or more? | ents and the d support and adjustment. | e total amount you<br>d alimony. Also, do<br>creditor. Do not |  |

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Case number (if known) Document Debtor 1 Betty J. Blottiaux

| 7.  | Within 1 year before you filed for bankrupto  Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.  ■ No □ Yes. List all payments to an insider | rtners; relatives of any gene<br>control, or owner of 20% or | eral partners; partne<br>more of their voting | rships of which you securities; and ar | u are a genera<br>ny managing a | al partner; corporations<br>agent, including one for |
|-----|---|--|---|--|---------------------------------|--|
|     | Insider's Name and Address  | Dates of payment   | Total amount paid                             | Amount you still owe                   | Reason for                      | this payment   |
| 8.  | Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cos  No Yes. List all payments to an insider   |  | nents or transfer a                           | ny property on ad                      | count of a d                    | ebt that benefited an                                |
|     | Insider's Name and Address  | Dates of payment   | Total amount paid                             | Amount you still owe                   | Reason for                      | this payment   |
| Par | t 4: Identify Legal Actions, Repossession   | s, and Foreclosures  | Para  |  |                                 |  |
| 9.  | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.   | cases, small claims actions                                  | s, divorces, collection                       |  | ctions, suppor                  | t or custody   |
|     | Case title Case number  | Nature of the case   | Court or agency                               |  | Status of the case              |  |
|     | Ford Motor Credit v. Blottiaux<br>15 AR 853   |  | Circuit Court of<br>Joliet, IL 60432          |  | ■ Pending □ On appe □ Conclud   | eal  |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below  No  Yes. Fill in the information below.  |  | rty repossessed, fo                           | oreclosed, garnis                      | hed, attached                   | d, seized, or levied?                                |
|     | Creditor Name and Address   | Describe the Property  |   | Date                                   |                                 | Value of the   |
|     |   | Explain what happened  |   |  |                                 | property   |
|     | PLS Financial Solutions of Illinois<br>1551 Plainfield Road   | wage garnishment   |   |  |                                 | \$0.00   |
|     | Joliet, IL 60435  | Property was reposse   |   |  |                                 |  |
|     |   | ☐ Property was foreclose ☐ Property was garnished            |   |  |                                 |  |
|     |   |  |   |  |                                 |  |
|     |   | ☐ Property was attached                                      | , 501200 OF 10 VICO.                          |  |                                 |  |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment became No  ☐ Yes. Fill in the details.   |  | uding a bank or fin                           | ancial institution                     | , set off any a                 | amounts from your                                    |
|     | Creditor Name and Address   | Describe the action the                                      | creditor took                                 |  | action was                      | Amount   |
|     |   |  |   | taken                                  |                                 |  |

Page 35 of 51 Case number (if known) Document Debtor 1 Betty J. Blottiaux 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? ☐ Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity ■ No ☐ Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Nο п Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of **Address** transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of **Address** transferred or transfer was payment

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Debtor 1 Betty J. Blottiaux

| 18.          | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. |  |                               |                       |  |   |         |
|--------------|---|--|-------------------------------|-----------------------|--|---|---------|
|              | Yes. Fill in the details.   |  |                               |                       |  |   |         |
|              | Person Who Received Transfer Address  | Description and v<br>property transfer                                   |                               | payme                 | Describe any property or<br>payments received or debts<br>paid in exchange |   | er was  |
|              | Person's relationship to you  |  |                               |                       |  |   |         |
| 19.          | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  No   |  |                               |                       |  |   |         |
|              | ☐ Yes. Fill in the details.   |  |                               |                       |  |   |         |
|              | Name of trust   | Description and v  | alue of the prop              | property transferred  |  |   | fer was |
| Par          | List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  |  |                               |                       |  |   |         |
|              |   |  |                               |                       |  |   |         |
| 20.          | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage   |  |                               |                       |  |   |         |
|              | houses, pension funds, cooperatives, associations, and other financial institutions.  No  |  |                               |                       |  |   |         |
|              | Yes. Fill in the details.   |  |                               |                       |  |   |         |
|              | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  | Last 4 digits of account number  | Type of account or instrument |                       | Date account was closed, sold, moved, or transferred                       | Last balance<br>before closing or<br>transfer |         |
| 21.          | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?  |  |                               |                       |  |   |         |
|              | ■ No □ Yes. Fill in the details.  |  |                               |                       |  |   |         |
|              | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)   | Who else had acc<br>Address (Number, S<br>State and ZIP Code)            |                               | Describe the contents |  | Do you s have it?                             | still   |
| 22.          | lave you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy  |  |                               |                       |  |   |         |
|              | ■ No □ Yes. Fill in the details.  |  |                               |                       |  |   |         |
|              | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)  | Who else has or h<br>to it?<br>Address (Number, S<br>State and ZIP Code) |                               | Describe the contents |  | Do you s<br>have it?                          | still   |
| Par          | 9: Identify Property You Hold or Control for Someone Else   |  |                               |                       |  |   |         |
| 23.          |   |  | ude any propert               | y you borr            | owed from, are storing t   | or, or hold in                                | trust   |
|              | ■ No □ Yes. Fill in the details.  |  |                               |                       |  |   |         |
|              | Owner's Name Address (Number, Street, City, State and ZIP Code)   | Where is the prop<br>(Number, Street, City, S                            |                               | Describe the property |  |   | Value   |
| P <u>a</u> r | t 10: Give Details About Environmental Info   | Code)<br>ormation  |                               |                       |  |   |         |
|              | the purpose of Part 10, the following definiti  |  |                               |                       |  |   |         |

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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Debtor 1 Betty J. Blottiaux

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

| hazardous material, pollutant, contaminant, or similar term.  |   |   |   |  |   |  |  |
|---|---|---|---|--|---|--|--|
| Report all notices, releases, and proceedings that you know about, regardless of when they occurred.                              |   |   |   |  |   |  |  |
| 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental |   |   |   |  | ental law?  |  |  |
|   | No  |   |   |  |   |  |  |
|   | Yes. Fill in the details.                                   |   |   |  |   |  |  |
|   |   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)  | d   | Environmental law, if you know it  | Date of notice  |  |  |
| Have you notified any governmental unit of any release of hazardous material?   |   |   |   |  |   |  |  |
|   | No<br>Yes. Fill in the details.                             |   |   |  |   |  |  |
|   |   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)  | d   | Environmental law, if you know it  | Date of notice  |  |  |
| Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.   |   |   |   |  |   |  |  |
|   | No<br>Yes. Fill in the details.                             |   |   |  |   |  |  |
| _   |   | Court or agency Name Address (Number, Street, City, State and ZIP Code)   | Na  | ture of the case   | Status of the case  |  |  |
| 11:   | Give Details About Your Business or 0                       | Connections to Any Business   |   |  |   |  |  |
| Witl  | nin 4 vears before you filed for bankrupt                   | cy, did you own a business or have an   | ıv of   | the following connections to any   | / husiness?   |  |  |
|   |   |   |   |  |   |  |  |
|   |   |   |   |  |   |  |  |
|   |   |   |   |  |   |  |  |
|   |   |   |   |  |   |  |  |
|   |   |   |   |  |   |  |  |
| _   |   |   |   |  |   |  |  |
|   |   |   |   |  |   |  |  |
| Bu  |   | Describe the nature of the business   |   |  |   |  |  |
|   |   | Name of accountant or bookkeeper  |   |  | number or ITIN.   |  |  |
|   |   | cy, did you give a financial statement  | to ar   |  | ude all financial   |  |  |
|   | No  |   |   |  |   |  |  |
|   | Yes. Fill in the details below.                             |   |   |  |   |  |  |
| Ad  | dress   | Date Issued   |   |  |   |  |  |
|   | Has Naid Naid Hav Daid Naid Naid Naid Naid Naid Naid Naid N | No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Have you notified any governmental unit of a No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Have you been a party in any judicial or adm No Yes. Fill in the details.  Case Title Case Number  11: Give Details About Your Business or (Within 4 years before you filed for bankrupte A nofficer, director, or managing executed and any Anowner of at least 5% of the voting No. None of the above applies. Go to P Yes. Check all that apply above and fill Business Name Address (Number, Street, City, State and ZIP Code)  Within 2 years before you filed for bankrupte institutions, creditors, or other parties.  No | Has any governmental unit notified you that you may be liable or potentially liable  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Case Title Case Number  Street, City, State and ZIP Code)  No Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Case Title Case Number  Court or agency Name Address (Number, Street, City, State and ZIP Code)  No Address (Number, Street, City, State and ZIP Code)  No Address (Number, Street, City, State and ZIP Code)  No Address (Number, Street, City, State and ZIP Code)  A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business Name Address (Number, Street, City, State and ZIP Code)  Name of accountant or bookkeeper  Within 2 years before you filed for bankruptcy, did you give a financial statement institutions, creditors, or other parties.  No Yes. Fill in the details below.  Name Date Issued | No No No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Covernmental unit Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Court or agency Name Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Court or agency Name Address (Number, Street, City, State and ZIP Code)  III: Give Details About Your Business or Connections to Any Business  Within 4 years before you filed for bankruptcy, did you own a business or have any of A sole proprietor or self-employed in a trade, profession, or other activity, eith A member of a limited liability company (LLC) or limited liability partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business.  Business Name Address (Number, Street, City, State and ZIP Code)  Name of accountant or bookkeeper  Within 2 years before you filed for bankruptcy, did you give a financial statement to an institutions, creditors, or other parties.  No Yes. Fill in the details below.  Name Date Issued | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental with the details.  Name of site Address (Number, Street, City, State and ZIP Code)  No Name Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Name Address (Number, Street, City, State and ZIP Code)  No None of a limited liability company (LLC) or limited liability partnership (LLP)  A partner in a partnership  An officer, director, or managing executive of a corporation  No. None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business.  Business Name Address (Number, Street, City, State and ZIP Code)  No None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business.  Employer Identification number Do not include Social Security Dates business existed  Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Inclinativitions, creditors, or other parties. |  |  |

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 6

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Debtor 1 Betty J. Blottiaux

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| /s/ Betty J. Blottiaux   |  |                       |  |  |
|--------------------------|--|-----------------------|--|--|
| Betty J. Blottiaux       | Signature of Debtor 2  | Signature of Debtor 2 |  |  |
| Signature of Debtor 1    |  |                       |  |  |
| Date February 24, 2      | 6 Date   |                       |  |  |
| Did you attach additiona | pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107) | ?                     |  |  |
| No                       |  |                       |  |  |
| ☐ Yes                    |  |                       |  |  |
| Did you pay or agree to  | y someone who is not an attorney to help you fill out bankruptcy forms?                                |                       |  |  |
| No                       |  |                       |  |  |
| ☐ Yes. Name of Person    | . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).    |                       |  |  |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

#### (Court-Approved Retention Agreement, Revised as of 4/20/2015)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.

- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other

attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.

- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section

726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

□The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$2,900.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$310.00
- 3. Before signing this agreement, the attorney has received, \$900.00

toward the flat fee, leaving a balance due of \$2,000.00; and \$0.00 for expenses,

leaving a balance due for the filing fee of \$0.00

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: February 24, 2016                   | •                                     |  |  |
|---|---------------------------------------|--|--|
| Signed:                                   |                                       |  |  |
| /s/ Betty J. Blottiaux                    | /s/ Marc C. Scheinbaum                |  |  |
| Betty J. Blottiaux                        | Marc C. Scheinbaum 6180394            |  |  |
|   | Attorney for the Debtor(s)            |  |  |
| Debtor(s)                                 | _                                     |  |  |
| Do not sign this agreement if the amounts | are blank.  Local Bankruptcy Form 23c |  |  |

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B2030 (Form 2030) (12/15)

# **United States Bankruptcy Court Northern District of Illinois**

| In re   | e Betty J. Blottiaux   |  | Case No.         |                                     |  |  |
|---|--|--|------------------|-------------------------------------|--|--|
|   |  | Debtor(s)                                | Chapter          | 13                                  |  |  |
|   | DISCLOSURE OF COMPENSA   | TION OF ATTORN                           | EY FOR DE        | EBTOR(S)                            |  |  |
| 1.  | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:  |  |                  |                                     |  |  |
|   |  |  | \$               | 2,900.00                            |  |  |
|   | Prior to the filing of this statement I have received  |  | \$               | 900.00                              |  |  |
|   | Balance Due  |  | \$               | 2,000.00                            |  |  |
| 2.  | \$310.00 of the filing fee has been paid.  |  |                  |                                     |  |  |
| 3.  | The source of the compensation paid to me was:   |  |                  |                                     |  |  |
|   | ■ Debtor □ Other (specify):  |  |                  |                                     |  |  |
| 4.  | The source of compensation to be paid to me is:  |  |                  |                                     |  |  |
|   | ■ Debtor □ Other (specify):  |  |                  |                                     |  |  |
| 5.  | ■ I have not agreed to share the above-disclosed compensation  | on with any other person unle            | ess they are mem | bers and associates of my law firm. |  |  |
|   | ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.   |  |                  |                                     |  |  |
| 6.  | In return for the above-disclosed fee, I have agreed to render le  | egal service for all aspects of          | the bankruptcy c | case, including:                    |  |  |
|   | <ul> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;</li> <li>b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;</li> <li>c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.</li> </ul> |  |                  |                                     |  |  |
| 7.  | 7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:  Representation of the debtors in any adversary proceeding.  |  |                  |                                     |  |  |
| CERTIFICATION   |  |  |                  |                                     |  |  |
| I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding. |  |  |                  |                                     |  |  |
|   | February 24, 2016  | /s/ Marc C. Scheinba                     |                  |                                     |  |  |
| 1   | Date   | Marc C. Scheinbaum                       | 6180394          |                                     |  |  |
|   |  | Signature of Attorney Scheinbaum & West, | . LLC            |                                     |  |  |
|   |  | P. O. Box 5009                           |                  |                                     |  |  |
|   |  | Vernon Hills, IL 6006<br>815-636-4676    | 1-5009           |                                     |  |  |
|   |  | amerlincat@aol.com                       |                  |                                     |  |  |

Name of law firm

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#### **United States Bankruptcy Court** Northern District of Illinois

| In re | Betty J. Blottiaux                         |   | Case No.         |                           |
|-------|--|---|------------------|---------------------------|
|       |  | Debtor(s)   | Chapter          | 13                        |
|       | VEI  | RIFICATION OF CREDITOR MA                                     | ATRIX            |                           |
|       |  | Number of C   | Creditors:       | 17                        |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credito                      | rs is true and o | correct to the best of my |
| Date: | February 24, 2016                          | /s/ Betty J. Blottiaux Betty J. Blottiaux Signature of Debtor |                  |                           |

Capital One Bank, USA c/o CBE Group, Inc P O Box 2547 Waterloo, IA 50704-2547

Capital One Master Card P.O. Box 30285 Salt Lake City, UT 84130-0285

Chase Bank National Payment Services; OH1-1272 P.O. Box 182223 Columbus, OH 43218

Ford Motor Credit Company c/o Blitt and Gaines, PC 661 Glenn Avenue Wheeling, IL 60090

Heights Finance Corporation 1145 Essington Road Joliet, IL 60435

Personal Finance Company 2009 Essington Road Joliet, IL 60435

PLS Financial Solutions of Illinois 1551 Plainfield Road Joliet, IL 60435

PLS Financial Solutions of Illinois 800 Jorie Blvd.
Oak Brook, IL 60523

Silver Cross Hospital c/o Vision Financial Services P O Box 1768 La Porte, IN 46352-1768

Silver Cross Hospital 1900 Silver Cross Blvd. New Lenox, IL 60451-9508 Silver Cross Hospital c/o Medical Recovery Specialists 2250 EE. Devon Ave., # 352 Des Plaines, IL 60018-4521

Sprint c/o Enhanced Recovery Corporation P O Box 57547 Jacksonville, FL 32241

Sutton Place Crest Hill, IL 60403

T-Mobile Customer Relations P.O. Box 37380 Albuquerque, NM 87176-7380

T-Mobile USA c/o Convergent Outsourcing, Inc P O Box 9004 Renton, WA 98057-9004

Woodforest National Bank 25231 Grogan's Mill Road The Woodlands, TX 77380

World Finance Corporation 1459 Division Street Morris, IL 60450